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LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

A LETTER from New York, signed "Trained Nurse," will be answered by the Editor upon her return.

DEAR EDITOR: I am glad indeed that the subject of trained *versus* untrained nurses has come up for discussion. I have had some years of private duty and my observations have led me to conclude that graduate nurses are to blame for the present state of affairs. They have never met the need for skilled nursing among the great middle class, the reason, so far as I can discover, being that they charge too large fees and require too much to work with. I do not see how nurses can charge smaller fees, for even as things now are it is only by the most careful economy that nurses can lay by a little for the "rainy day" that comes to all sooner or later. To the private duty nurse who does her duty that "rainy day" frequently comes "sooner." When nurses say there is no need for a private duty nurse to injure her own health I think the cause for trained attendants has been found. I am sorry to say it, but all graduate nurses do not do their whole duty by their patients, and that is the reason they do not get all the cases where the patients can afford to pay their fees. No trained attendant that ever practised could hold the field against a graduate nurse who did her duty to her patient.

The point you raise, Madame Editor, in regard to young graduates is one that has often been in my mind. The graduate just from her training-school is in much the same position as when a "prob." As I look back over my first year of private duty it seems to me full of blunders. It was more by good luck than good management that I never lost a patient. The only way to learn private duty is to do it. In the old days, when the hospitals sent out the undergraduates to private cases, the nurse then got her experience of private duty. It was certainly an advantage to the nurse. If the hospitals of to-day could send out their pupil nurses for a certain time during their training and charge a small fee, or none at all, if necessary, the pupil nurses would be getting good experience and a large class of patients would receive the benefit of skilled nursing when they now have to put up with whatever they can get. This is particularly true of the big cities, where the large

training-schools are located. That this practice was greatly abused I am aware, but if State registration is to do any good, this is a matter it could regulate. Were it made a requisite part of the training necessary for a State diploma the old abuses could not arise. Some of the hospitals now employ graduates to nurse in the homes of the poor. Could not this be done by the pupil nurse? It need not interfere with the field now occupied by the graduates, for the small fees would come from a class the graduates rarely go among.

With so much to be said for and against every step taken by the profession in its present state of development, this matter, like all the others, should be well thrashed out.

S. G. H., Class of 1898.

[If the services of the pupil have a commercial value, why shouldn't she reap the benefit at the same time that she is getting her experience in private nursing? The hospital is not teaching her anything, and she has practically finished her training.—Ed.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]

